

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 2663

Examiner: Feben Haile

"Express Mail" Mailing Label Number: EV368605533US

In Re.: **Gregory Pogossiants et al.**

Date of Deposit: 03/31/2004

Ref: Case Docket No.: **P3295CIP1**

Serial No.: 09/827,608

Filed: 04/06/2001

Subject: **Using SML Expressed Primitives for Platform and System-Independent Call Modeling**

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:


**PETITION FOR EXTENSION OF TIME TO RESPOND
UNDER 37 CFR § 1.136**

Applicant hereby petitions for an extension of time of one (1) month, to respond to the office action letter mailed in the above-referenced case on 12/01/2004, for which a 3-month shortened statutory period was set to expire on 03/01/2005. This requested extension extends the time for response to 04/01/2005.

☐ The petitioner is an established small entity.

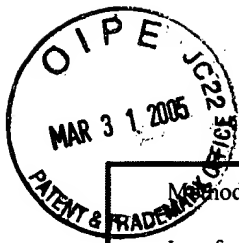
☒ A check for \$120.00 is enclosed for the extension fee.

Respectfully submitted,
Gregory Pogossiants et al.

By 
Donald R. Boys
Reg. No. 35,074

Central Coast Patent Agency
P.O. Box 187
Aromas, CA 95004
(831) 726-1457

04/05/2005 WABDELRI 00000002 09827608 120.00 DP
01 FC:1251



Method of Transmission: EV368605533US

CASE DOCKET NO. 4689

In reference to application of Gregory Pogossiants et al.

Serial No. 09/827,608

For Using SML Expressed Primitives for Platform and System-Independent Call Modeling

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☐ No additional fee is required.
☐ Applicant claims Small entity status under 37 CFR 1.27.
☒ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	24	Minus	** 24	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	2	Minus	*** 3	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input checked="" type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 120.00
Total additional for claims, time extensions and disclaimer fees							\$ 120.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

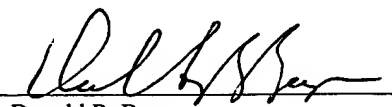
* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☒ A check in the amount of 120.00 is attached.

☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)

☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

Respectfully Submitted,


Donald R. Boys
Reg. No. 35074

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